

Name
in
Full

H. Claude Baker

CERTIFICATE OF DEATH

State

MARYLAND

Died at ^{Town} Keadysville

County Washington

Date
of death 1906

Month

4

Day

10

Age

Years

23

Months

3

Days

24

Sex

Male

Color or
Race

White

Birth
place

Keadysville

Occupation

School Teacher

Where Residing If not
at place of death

Keadysville Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Otto J. Baker

Father's
Birthplace

Keadysville

Mother's
Maiden Name

Barbara A. Cost

Mother's
Birthplace

Keadysville

Name of person giving
Information

Mrs C. S. Miller

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Constitutional Predisposition

How long

5 years

Immediate

Tuberculosis

How long

2 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

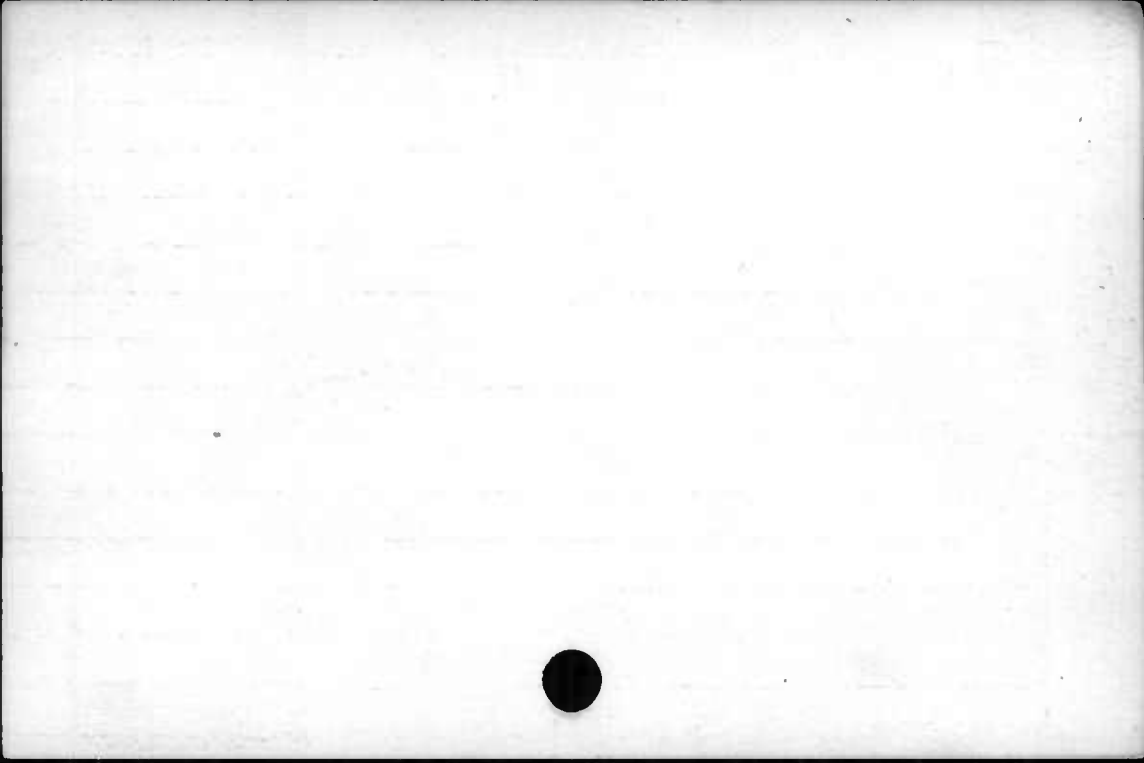
H. M. Achiser

Address

Keadysville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edwards</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>4</i>	Day <i>22</i>	Age	<i>74</i>	Months <i>13</i>	Days <i>25</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Ann M. Powers</i>				
Father's Name	<i>Nicholas Beard</i>				Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Mary Lyday</i>				Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>M. P. Beard</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Coronary Heart Disease</i>	How long	<i>1 month</i>
Immediate	<i>Dissecting Aortic Aneurysm</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>D. C. Miller M.D.</i>		
Address	<i>Kearney Bldg - Poc</i>		
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1906		April		26		58	
Sex		Color or Race		Birthplace		Months	
Female		White		Hancock Md		3	
Occupation		Where Residing if not at place of death		Days		25	
Wife		Altoona Pa.					
Married, Single or Widowed		Name of Wife or Husband					
Married		Heretiah Beard					
Father's Name		Father's Birthplace					
John H. Bootman		Salem Va.					
Mother's Maiden Name		Mother's Birthplace					
Matilda Brosius		Hancock Md					
Name of person giving information		How related to deceased					
Heretiah Beard		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis.	How long	2 Weeks
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jawrest	
		Address	
		Hancock Md	
Accident or Suicide?			



Name

in Full

CERTIFICATE OF DEATH

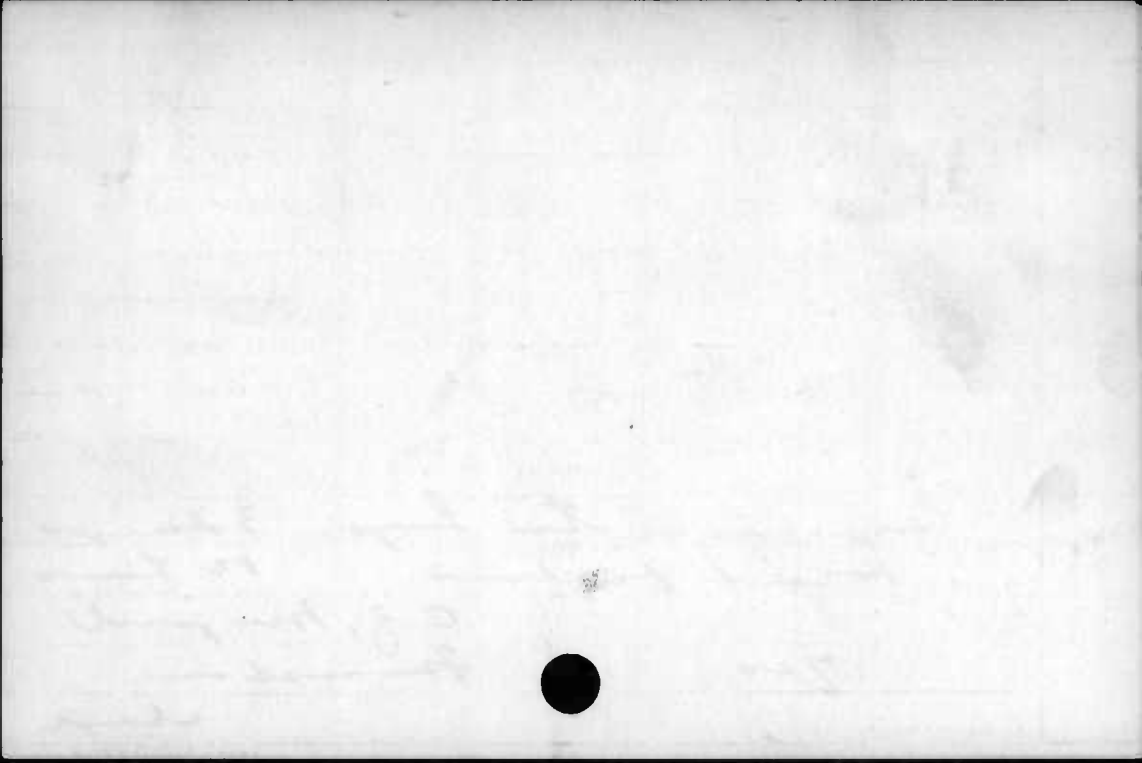
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mahton C. Bolinger</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>14</i>		Age <i>18</i>	
Date of death 190 <i>6</i>		Months <i>—</i>		Days <i>16</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>Harry L Bolinger</i>		Father's Birthplace <i>Penna</i>					
Mother's Maiden Name <i>Harriett Whitaker</i>		Mother's Birthplace <i>...</i>					
Name of person giving information <i>Dora Bolinger</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion from hemorrhage</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Whitting</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Mary Catharine Bowers

CERTIFICATE OF DEATH

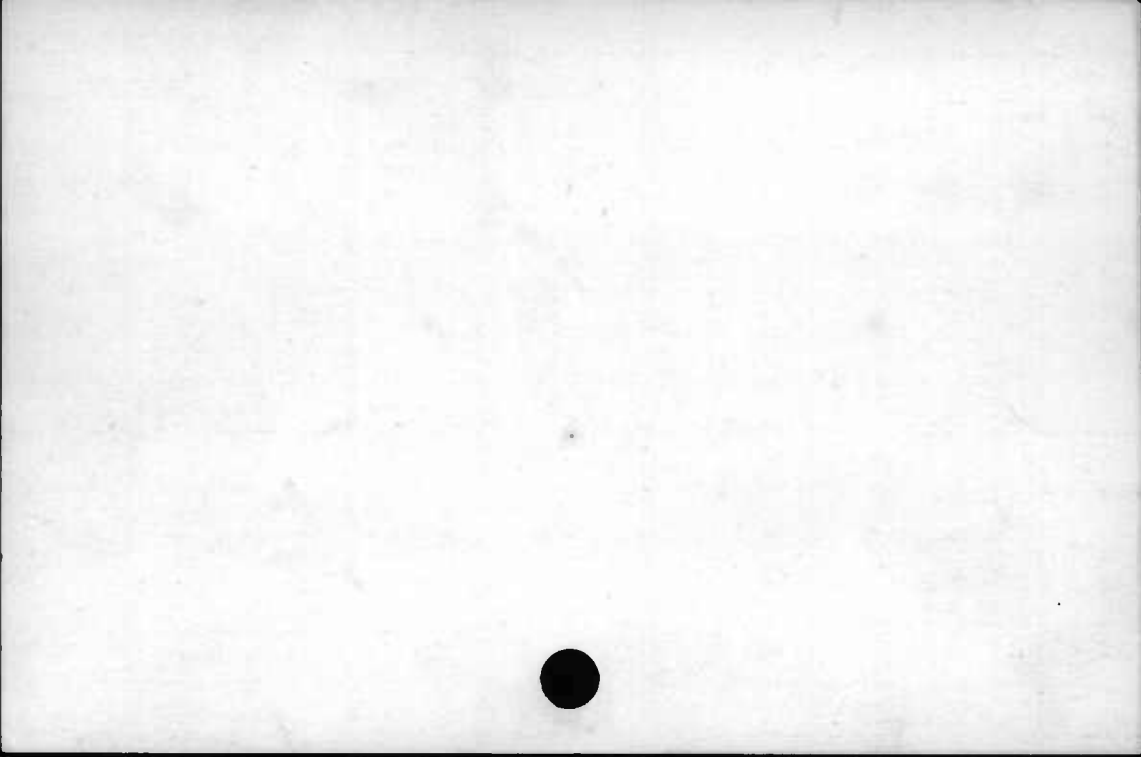
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankstown</i> ^{Town}			<i>Washington</i> ^{County}			MARYLAND	
Date of death	<i>1906</i>	<i>April</i> ^{Month}	<i>29</i> ^{Day}	Age <i>68</i> ^{Years}	<i>8</i> ^{Months}	<i>18</i> ^{Days}	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Frankstown</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Frankstown</i>
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>David L. Bowers</i>			
Father's Name	<i>Jacob Bowman</i>					Father's Birthplace	<i>Frankstown</i>
Mother's Maiden Name	<i>Susan Gower</i>					Mother's Birthplace	<i>Frankstown</i>
Name of person giving information	<i>M. Lane Bowman</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Constriction of the lungs</i>	How long	<i>3 days</i>
Immediate	<i>Heart failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. J. McJind</i>
<i>Yes</i>		Address	<i>Frankstown</i>
Accident or Suicide?		<i>Chase</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Boonshers* Town *Washington* CountyDate of death *1906* April *23rd* Day *64* Years *4* Months *—* DaysSex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Potter* Where Residing if not at place of death *—*Married, ~~Single~~ *Married* Name of Wife or Husband *Margaret C Bowman*Father's Name *Emanuel Bowman* Father's Birthplace *Md*Mother's Maiden Name *Sarah Eavy* Mother's Birthplace *Md*Name of person giving information *Edward S Bowman* How related to deceased *Son*

CAUSES OF DEATH

(63)

Primary *Spinal Sclerosis* How long *27m-*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W.B. Wheeler*Address *Boonshers*

Accident or Suicide?

Bonus Bond

Name
in
Full

CERTIFICATE OF DEATH

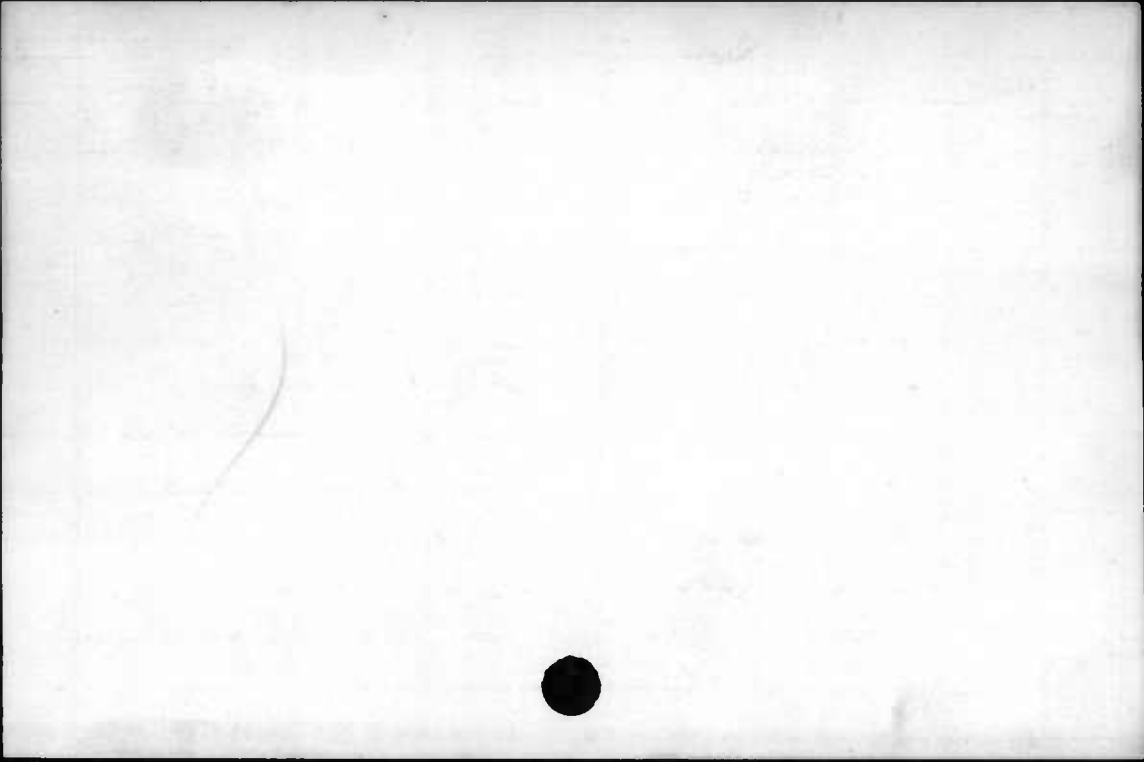
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>16</i>	Age <i>4</i> ^{Years}	Months <i>11</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Smithsburg</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>" "</i>		
<input checked="" type="checkbox"/> Married, Single or <input checked="" type="checkbox"/> Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Isiah Bouser</i>			Father's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Etta Pearl Kendal</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Isiah Bouser</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Drowned in —</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. B. Hoover</i> ^{Undertaker}	Address <i>Smithsburg Md.</i>
Accident or Suicide <i>2</i>		



Name
in
Full

Mary Elizabeth Brewer

CERTIFICATE OF DEATH

MARYLAND

Died at Fairview

Trask County

Date of death 1906 April

Day 9

Age 61

Months 4

Days 5

Sex Female

Color or Race White

Birth-place Ind

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband

D. Lewis Brewer

Father's Name Henry Lounsf

Father's Birthplace Ind

Mother's Maiden Name Ann C. Schneibley

Mother's Birthplace Pa

Name of person giving information Mrs Lounsf

How related to deceased Cousin

CAUSES OF DEATH

Primary

Pneumonia

How long

(93)

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Henry Blutzman

Address

Welsh New Pa.

Accident or Suicide?

See other Side

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fairview Md
April 9 1906

This is to certify that Mrs.
Lewis Brewer. died from
Pneumonia Primary Cause.
Secondary Cause. Heart Failure.
Immediately Cause. Heart Failure.
Harry B. Christman M.D.

TO BE ANSWERED BY
NEAREST FRIEND

Sarah L Brooks

CERTIFICATE OF DEATH

Frederick
Maryland

Died at Richmond Wayne

Date of death 1904 4 2 Age 72

Months Days

Sex female Color or Race white

Birth place

Occupation H.W. Where Residing if not at place of death Richmond

Married, Single or Widowed widower Name of Wife Husband James Brooks

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Mrs. C. G. Schiltreck

How related to deceased Daughter

CAUSES OF DEATH

Primary Brights Disease

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

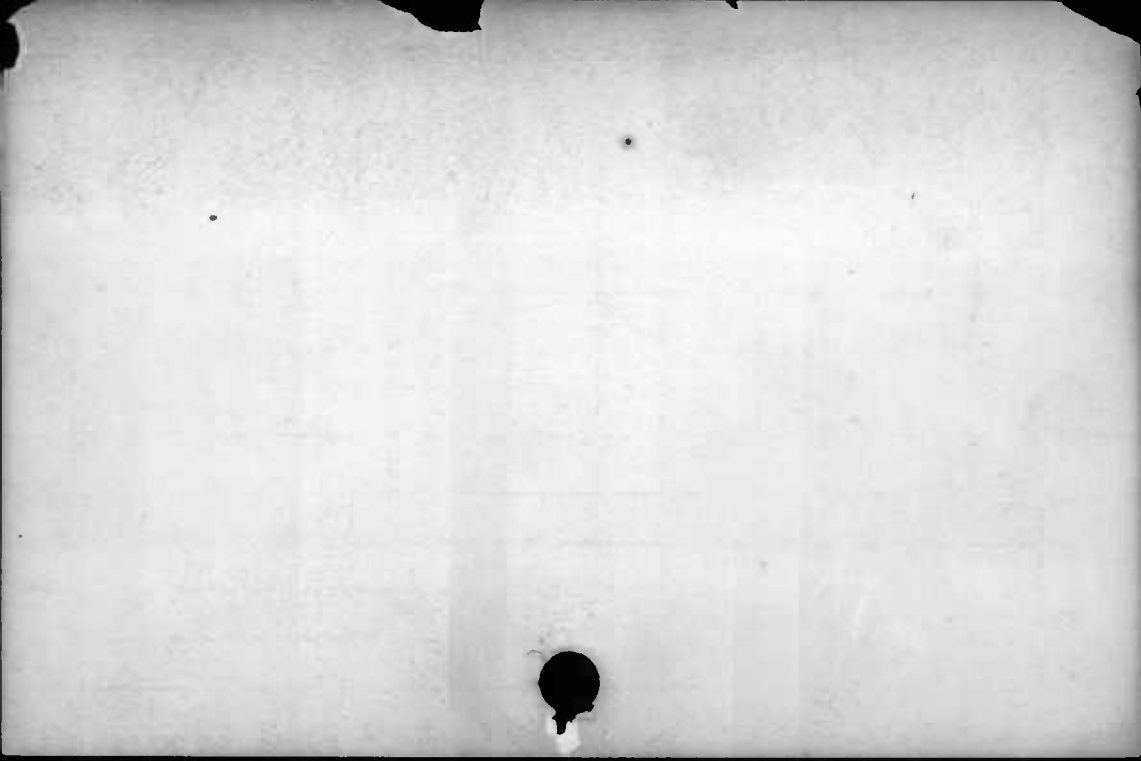
Signature of C. M. Suter, Son

Address

Hagerstown, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Wagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>	
		Date of death 190 <u>6</u> <small>Month</small> <u>4</u> <small>Day</small>		Age <u>70</u> <small>Years</small> <u> </u> <small>Months</small> <u> </u> <small>Days</small>	
		Sex <u>female</u>		Color or Race <u>white</u>	
		Married, Single or Widowed <u>single</u>		Occupation <u>Seamstress</u>	
		Name of Wife or Husband <u> </u>		Birthplace <u>Md.</u>	
		Father's Name <u>John Cook</u>		Father's Birthplace <u>Md</u>	
		Mother's Maiden Name <u>Elenora Rice</u>		Mother's Birthplace <u>Penna</u>	
		Name of person giving information <u>Miss Annie Cook</u>		How related to deceased <u>sister</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Paralysis</u>		How long <u>Two years</u>		
	Immediate <u>Exhaustion</u>		How long <u> </u>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. W. Pague</u>		
			Address <u>Wagerstown, Md.</u>		
	Accident or Suicide?				



Name
in
Full

Marcellus Walter Boyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highfield</i> ^{Town}		<i>Washington</i> ^{County} Co.		MARYLAND	
Date of death	<i>1906</i> ^{Year}	<i>April</i> ^{Month}	<i>9th</i> ^{Day}	Age <i>—</i> ^{Years}	<i>3</i> ^{Months} <i>17</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Highfield</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>Wash Co. Md</i>			
Father's Name	<i>Vincent Eugene Boyle</i>			Father's Birthplace	<i>Smithsburg</i>
Mother's Maiden Name	<i>Cora Grace Wade</i>			Mother's Birthplace	<i>Burna Vista</i>
Name of person giving information	<i>Vincent E. Boyle</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. L. Wachter</i>
<i>Yes.</i>		Address	<i>Sabillasville Md.</i>
Accident or Suicide?			



Name
in
Full

Rosana Ender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1906 ^{Month} 4 ^{Day} 11 ^{Age} 5-8 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Pa

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Henry Ender

Father's Name George Sheffer Father's Birthplace Pa

Mother's Maiden Name Saut Kuber Mother's Birthplace Pa

Name of person giving information Hope H Ender How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastritis (104) How long 2 mos. or more

Immediate Gastritis How long 2 mos. or more

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. H. Schindel, M. D.

Address Hagerstown, Md.

Accident or Suicide?

Rose Hill

Name in Full

Certificate of Death

Illegitimate Child of Eugenia Crim

Died at ^{Town} Hoptertown ^{County} Washington MARYLANDDate ~~1906~~ 1906 4 26 Age 1 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Child

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Child

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Refused to give it
Found dead
Found dead
Eugenia Crim

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Melvin Oscar Davis

No 294
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Pinesburg ^{City} Washington ^{County} MARYLAND

Date of death 1906 ^{Month} April ^{Day} 5 Age 37 ^{Years} 2 ^{Months} 10 ^{Days}

Sex Male Color or Race White Birth-place Pinesburg

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Samuel Davis Father's Birthplace Was Co Md

Mother's Maiden Name Matilda A Herr Mother's Birthplace Pinesburg

Name of person giving information Wm. A. Davis How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis (27) How long Some months

Immediate Heart failure How long Ten days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Samuel K. Snively

Address Williamsport Md

Accident or Suicide? _____

J. F. K

St Pauls

Name In Full

Certificate of Death

Miss Lizzie Deibert

Town

County

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

1906

Apr 23

Age

41 -

Ind Housework

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widowess~~~~Number of children living~~

Husband
of
Wife

Father's
Name

Mother's
Name

Elizabeth Flora

Cause of

Primary

Epileptic Convulsions

How long sick

12 hours

Death

Immediate

Pulmonary Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

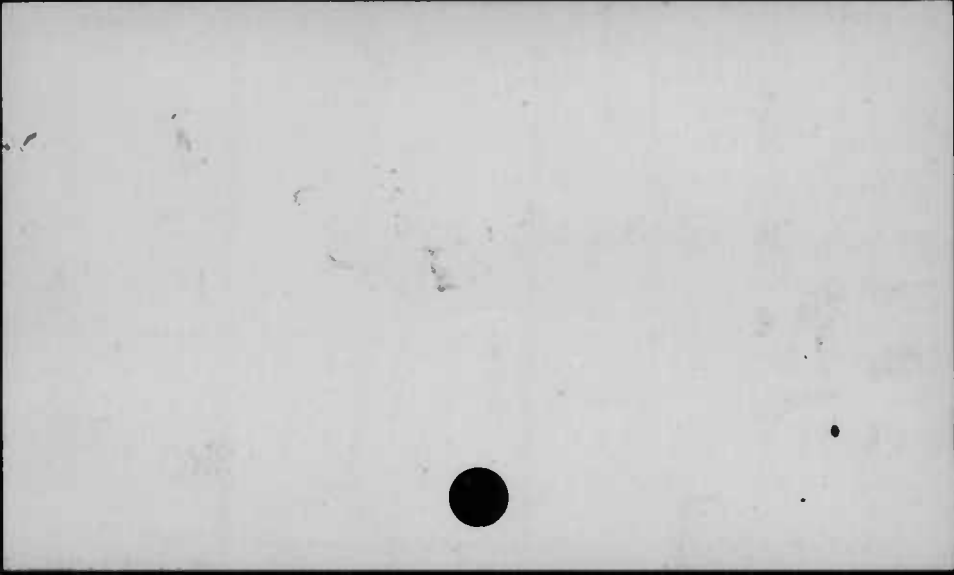
D. C. Miller M.D.

Address

Mason + Dixon Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Rebecca A Doner</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>13</i>		Age <i>52</i>		Months <i>16</i>		Days <i>15</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>A. M. Doner</i>									
Father's Name <i>David Bear</i>		Father's Birthplace <i>Pa</i>									
Mother's Maiden Name <i>Elizabeth Shewell</i>		Mother's Birthplace <i>Pa</i>									
Name of person giving information <i>R. M. Doner</i>		How related to deceased <i>Husband</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>Two days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitnogle M.D.</i>
	Address <i>Hagerstown</i>
	<i>Maryland</i>
Accident or Suicide?	

Barthole Pa

Name
in
Full

CERTIFICATE OF DEATH

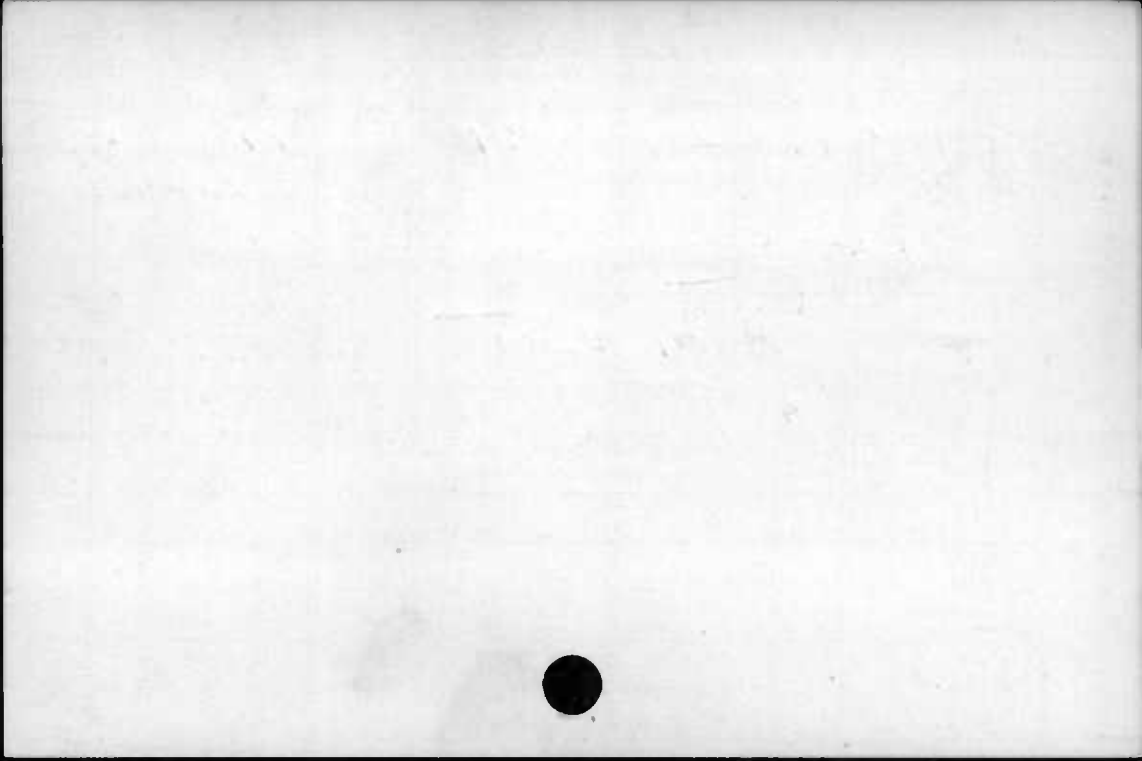
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George R Dugan</i>		Town <i>Big Port</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Big Port</i>		Month <i>Apr</i>		Day <i>29</i>		Years <i>31</i>	
Date of death <i>1906</i>		Month <i>11</i>		Day <i>24</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Andover Pa</i>			
Occupation <i>Lawyer</i>		Where Residing if not at place of death <i>Big Port Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Dugan</i>					
Father's Name <i>John Dugan</i>		Father's Birthplace <i>Washington Md</i>					
Mother's Maiden Name <i>Martha A Mellett</i>		Mother's Birthplace <i>Andover Pa</i>					
Name of person giving Information <i>Father</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption of lungs</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Bros. Undertaker</i>
<i>No Doctor in attendance</i>	Address <i>Clear Spring</i>
<i>Since 3 mo. ago</i>	<i>Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

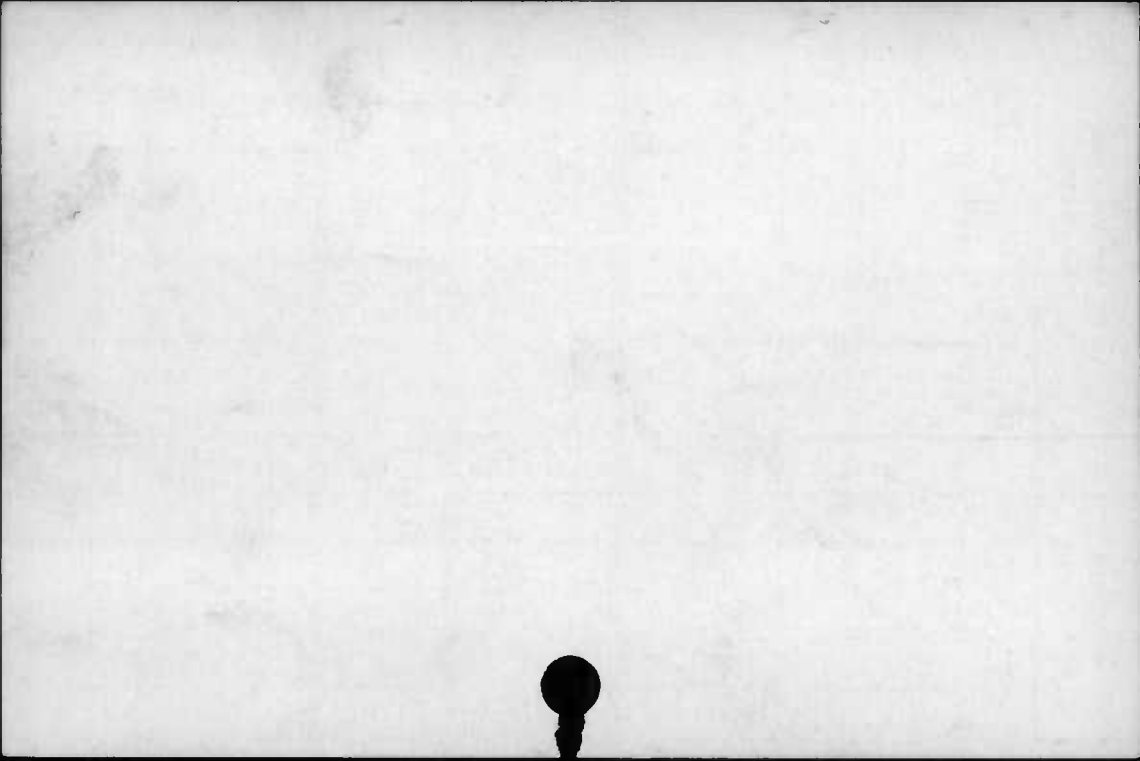
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bankstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>28</i>	Age <i>30</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Isaac Emmert</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Groves</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Isaac Emmert</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Peritoneal</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. D. Stappes</i>
	Address
Accident or Suicide?	



Name
in
Full

Elmer Fisher

4/21/18

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hazestown Town

Washington County

MARYLAND

Date of death 1906

Month 4

Day 20

Age

Years

Months 1

Days

Sex

Male

Color or Race

Colored

Birth-place

Md

Occupation

Child

Where Residing If not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Daniel Fisher

Father's Birthplace

Md

Mother's Maiden Name

Anna Reed

Mother's Birthplace

Pa

Name of person giving information

Daniel Fisher

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Spasms

How long

20 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. L. Hoffman

Hazestown Md

Accident or Suicide?

Undertaker

PHYSICIAN
OR CORONER



Name

in
Full

Harry R. Flynn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	apr.	Day	3	Age	36
						Years	11
						Months	7
Sex	Male		Color or Race	White		Birth-place	
Occupation	Hotel		Where Residing if not at place of death		Furniture		
Married, Single or Widowed	Married		Name of Wife or Husband	Mrs. Annie Swink			
Father's Name	Elias Flynn					Father's Birthplace	Frederick
Mother's Maiden Name	Sarah E. Platt					Mother's Birthplace	Lanark, Geo.
Name of person giving information	John Flynn					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	2 years
Immediate	Heart failure	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. J. Weingard
		Address	Furniture
			use
Accident or Suicide?			

of
10

69



Name
in
Full

Alvey Wilbur Frye

CERTIFICATE OF DEATH

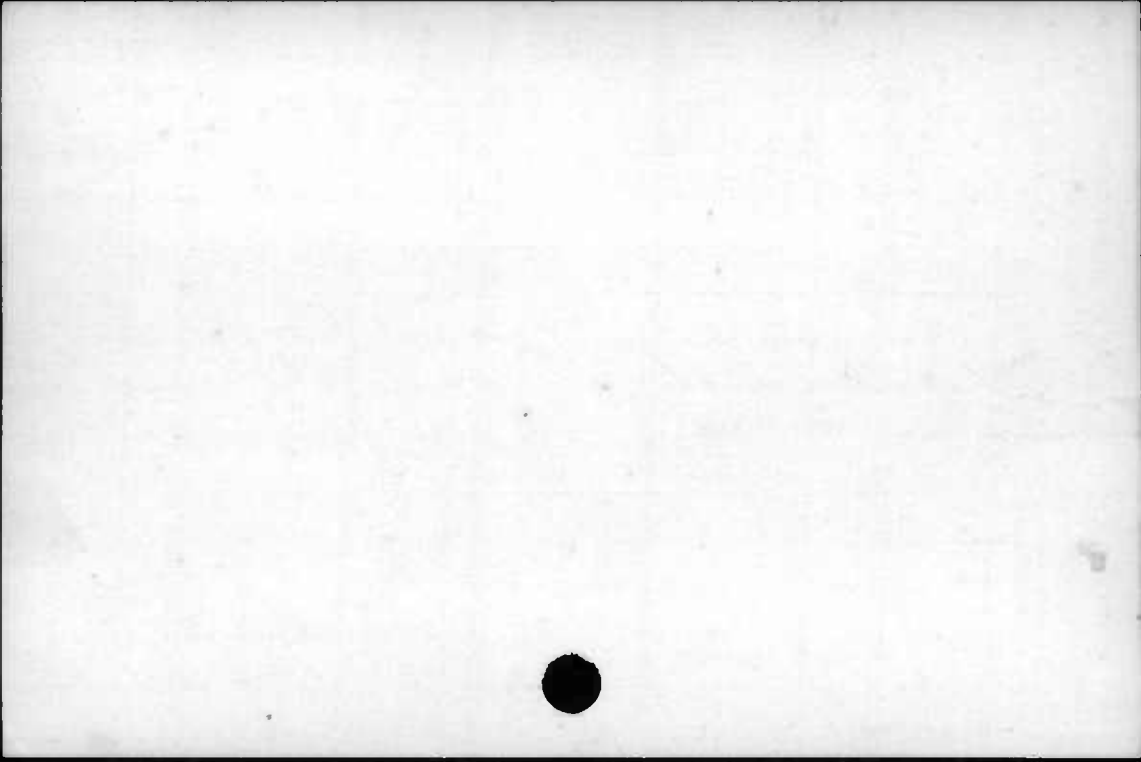
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greensburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>7</i> ^{Month}	<i>3</i> ^{Day}	Age <i>2</i> ^{Years}	<i>4</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Exetermont</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>A E Frye</i>			Father's Birthplace <i>Wolfsvills</i>		
Mother's Maiden Name <i>Margaret Stumfer</i>			Mother's Birthplace <i>Chenoweth</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Acute Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J L Musick</i>
	Address <i>Smithsburg Md</i>
Accident or Suicide? <i>—</i>	



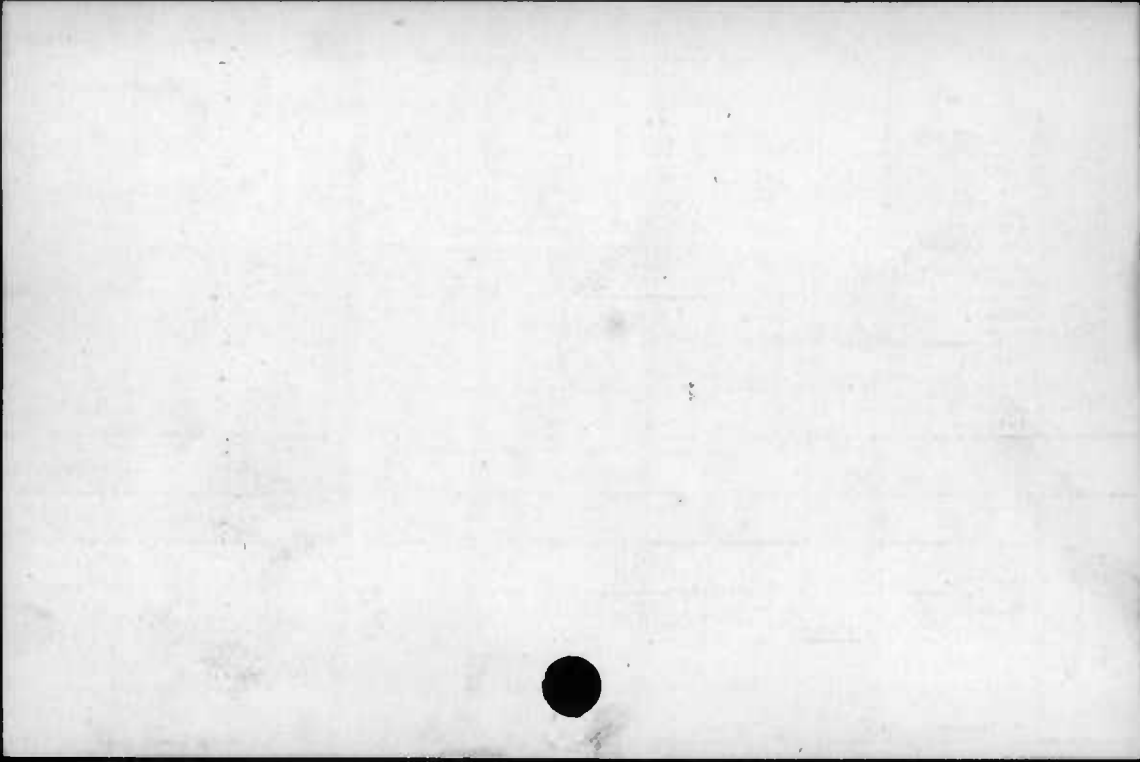
Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Galloway</i>				CERTIFICATE OF DEATH	
Died at <i>Hagerstown</i>		Town <i>Washington</i>		County	
Date of death <i>1906</i>		Month <i>4</i>		Day <i>26</i>	
Age <i>55</i>		Years		Months	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Samuel Galloway</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eurina Pryor</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Henry Galloway</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis,</i>	How long <i>Unknown</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. P. Scott</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	



Name
in
Full~~John~~ L. Goim

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain Lock</i>		Tcwn <i>March</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>about 4</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mountain Lock</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Josiah Goim</i>			Father's Birthplace <i>Annetam Md.</i>				
Mother's Maiden Name <i>Lula V. Leck</i>			Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Josiah Goim</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Very weak & delicate from birth</i>	How long <i>4 days</i>
Immediate <i>— — — — —</i>	How long <i>— — — — —</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Howell Gardner</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide? <i>—</i>	

Chas. S. Wade
Undertaker

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Blayestock ^{Town}

County
Washington
Years

Date of death	1906	Month 4	Day 6
-------------------------	------	-------------------	-----------------

Age 80 Years

Months

Days

Sex *Female*

Color or Race

white

Birth-
place

md

Occupation

ation
House work

Where Residing if not
at place of death

Married, Single
or Widowed

Simple.

Name of Wife or Husband

Father's
Name

the both

Father's Birthplace

und

Mother's
Maiden Name

Son & Khaw

Mother's Birthplace

East River -

Name of person giving
In formation

Samuel Holtz

How related
to deceased

None

CAUSES OF DEATH

Primary

Paralysis
Exhaustion

How long

1000

Immediate

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

momomok

Address

Hagerstown Ind.

Accident or Suicide?

no

Mapleville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Lock 35 Crocena		Washington				MARYLAND	
Date of death	190	Month	April	Day	29th	Years	22
				Age	22	Months	2
Sex	Male	Color or Race	White	Birth place		Samples Manor	
Occupation	Laborer			Where Residing if not at place of death		Samples Manor	
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Daniel B. Haines					Father's Birthplace	Samples Manor
Mother's Maiden Name	Jackson					Mother's Birthplace	Do
Name of person giving information	George Ault					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning	How long	172
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician		
	none		
	Address		
	W. M. Clark J.P.		
Accident or Suicide?	Accident Acting as coroner		



Name In Full

Certificate of Death

Victor Davis Harnish

Town

Bearfoss

County

Washington

MARYLAND

Died at

Date

1906 Apr. 7

Month

Day

Y.

M.

D.

Native of

Occupation

Age

20. 1. 7

Maryland

Book-Keeper

Male ☒White ☒

Married

Widow

Divorced

Female

Colored

Single ☒

Widower

Number of children living

Husband
of
WifeFather's
Name

S. A. Harnish

Mother's
Name

Mollie V. Bearfoss

Cause of

Primary

Diphtheria

How long sick

5 weeks

Death

Immediate

Acute Respiratory & Heart Failure

Accident, Suicide, Homicide

Reported by

Address

D. C. R. Miller M. D.
Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Salve



Name
in
Full

Wilbur Raymond Hawthorne CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month <i>4</i>	Day <i>6</i>	Years <i>4</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Daniel Hurtman</i>			Father's Birthplace <i>W.D.</i>		
Mother's Maiden Name <i>Mary Hastie</i>			Mother's Birthplace <i>W.D.</i>		
Name of person giving Information <i>Daniel Hurtman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	(104)	How long <i>2 days.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. S. Herman</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide?		

Journal - continued



Name in Full		Catherine Ingram				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Morgan</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
		Date of death <i>1906</i> <small>Month</small> <i>Apr</i> <small>Day</small> <i>3</i>		Age <i>78</i> <small>Years</small>		<i>11</i> <small>Months</small> <i>3</i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington Co</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Strippy</i>				Father's Birthplace <i>don't know</i>	
		Mother's Maiden Name <i>don't know</i>				Mother's Birthplace " "	
		Name of person giving information <i>Joseph Ingram</i>				How related to deceased <i>son</i>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>General debility</i>		How long <i>months</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Garrett</i>			
				Address <i>Dempsey, Ind.</i>			
		Accident or Suicide?					

Eugene Marker
Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

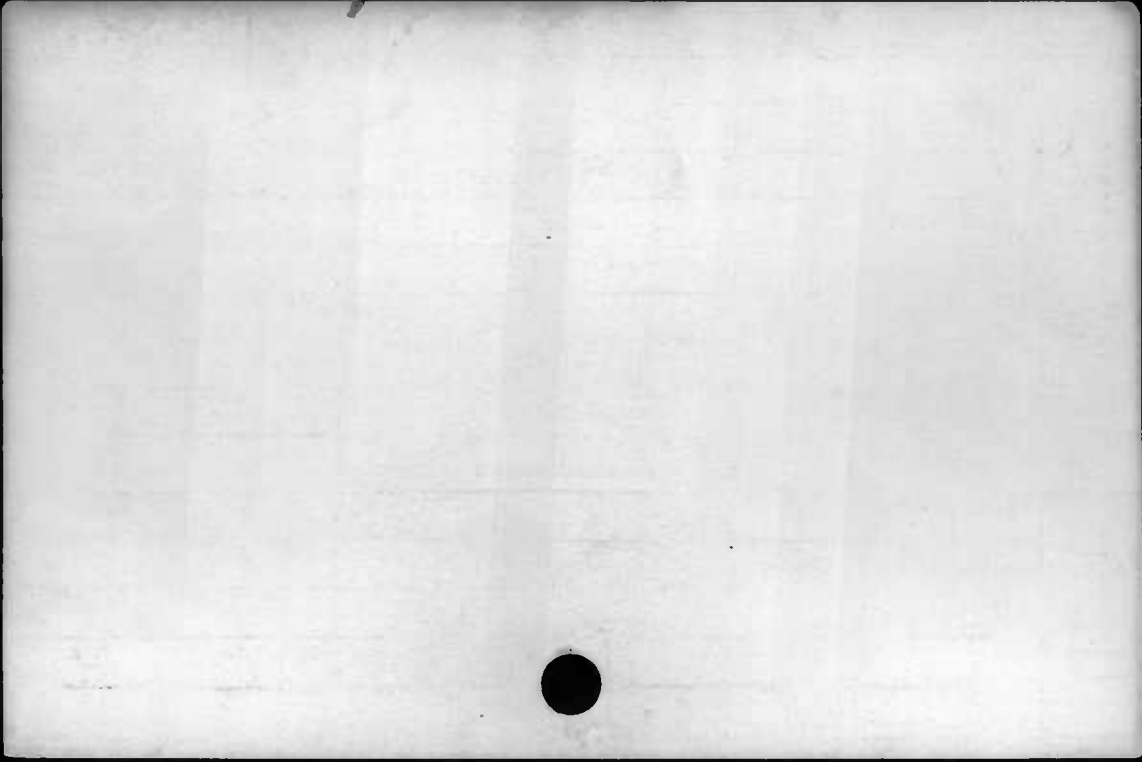
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Marlow Kuyper</i>		Town <i>Kuyper</i>		County <i>West</i>		State <i>Va</i>	
Died at		Date of death <i>1906</i>		Month <i>4</i>		Day <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>20</i>		Years <i>20</i>	
Occupation <i>Break man</i>		Where Residing if not at place of death <i>Sandy Hook Md</i>		Birth-place <i>Sandy Hook</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>John Kuyper</i>		Father's Birthplace <i>Penn.</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		Name of person giving information <i>Charley Payne</i>		How related to deceased <i>no</i>	

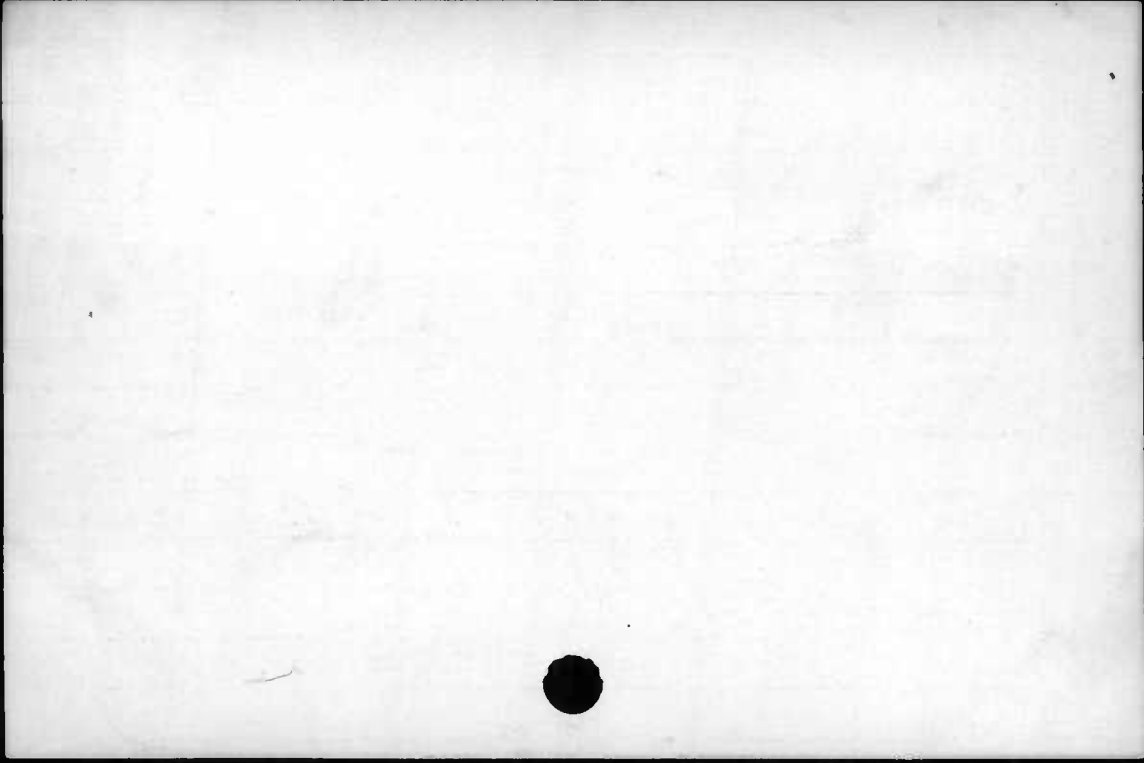
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed in accident on</i>		How long	
Immediate <i>B & O R Road</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. D. Clark</i>	
		Address <i>Ch. M. Clark D.D.</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Alvey Raymond Levi Manahan 4/21/18		TOWN Ponsville COUNTY Hardington MARYLAND			
Died at		Date of death 1904		Month 4 Day 7 Age 5- Months - Days -	
Sex Male		Color or Race White		Birth-place Foxville	
Occupation None		Where Residing if not at place of death Ponsville			
Married, Single or Widowed		Name of Wife or Husband -			
Father's Name Cyrus Manahan		Father's Birthplace Foxville			
Mother's Maiden Name Martha E. Line		Mother's Birthplace Meigs Co. Ohio			
Name of person giving information Mother		How related to deceased Mother			
CAUSES OF DEATH					
Primary		(150)		How long	
Immediate		Enlargement of Heart		4 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. B. Hoover		Address Understaten	
Accident or Suicide?		Smithsburg Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		4	24	54	54	6	7
Sex	Color or Race	Birth-place					
Female	White	Md.					
Occupation	Where Residing If not at place of death						
X. W.							
Married, Single or Widowed	Name of Wife or Husband						
married	Thomas B. Martin						
Father's Name	Father's Birthplace						
Andrew J. Boward	Md.						
Mother's Maiden Name	Mother's Birthplace						
Malinda Petrie	"						
Name of person giving information	How related to deceased						
J. B. Martin	husband						

CAUSES OF DEATH

Primary	Asthma	How long	(97)
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. C. Thompson	
		Address	
		[Redacted]	
Accident or Suicide?			

PHYSICIAN
OR CORONER

Sitter ✓
Long Meadow

Name
in
Full

Clara V. Mangans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mangansville* Town *Wash.* County **MARYLAND**

Date of death *1906* Month *4* Day *30* Age *3-2* Years Months *3* Days

Sex *Female* Color or Race *White* Birth-place *md.*

Occupation *Servant* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Abraham Mangans* Father's Birthplace *md.*

Mother's Maiden Name *Sallie Waugh* Mother's Birthplace *—*

Name of person giving information *A. Mangans* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *(91)*

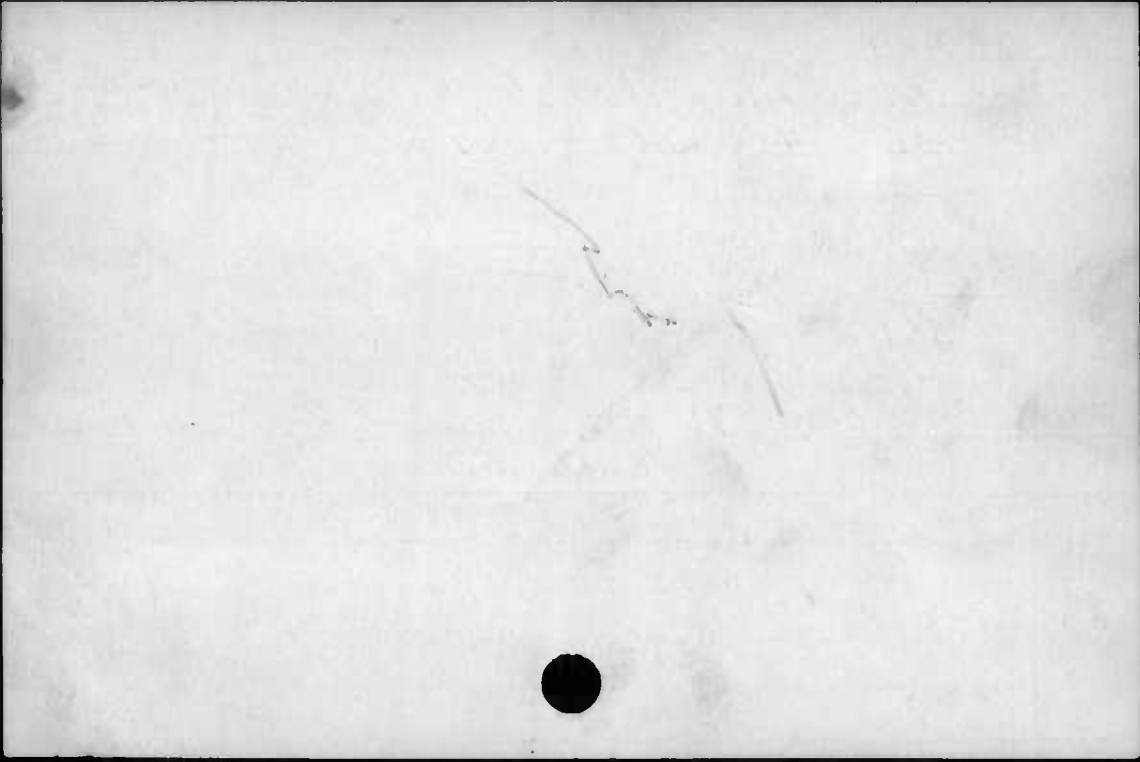
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *A. P. Stuyver*

Address *Hagerstown Md.*

Accident or Suicide? ☐



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Mrs Florence C Middlekuff</i>			Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>7</i>		Years <i>51</i>		Months —
Date of death 190 <i>6</i>		Age <i>51</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth place <i>Md.</i>
Married, Single or Widowed <i>married</i>				Occupation <i>H. W.</i>				
Name of wife or Husband <i>Geo W Middlekuff</i>				Father's Name <i>John Cook</i>				
Father's Name <i>John Cook</i>				Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Christiana Mantz</i>				Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Geo Middlekuff</i>				How related to deceased <i>husband</i>				

CAUSES OF DEATH

Primary <i>Cancer</i>	How long <i>45</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>several months</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. W. Taggart</i>	Address <i>Hagerstown, Md.</i>
Accident or Suicide?		



Name In Full		JACOB HENRY MILLER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Keedysville</i>		Town <i>Keedysville</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>
	Date of death <i>1906</i>	Month <i>4</i>	Day <i>13</i>	Age <i>66</i>	Years <i>66</i>	Months <i>5</i>	Days <i>28</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Keedysville</i>		
	Occupation <i>Farmer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Loomis's Ges</i>				
	Father's Name <i>Henry Miller</i>		Father's Birthplace <i>Wittenburg</i>				
	Mother's Maiden Name		Mother's Birthplace <i>Near Keedysville</i>				
	Name of person giving information <i>Joseph H. Wiesel</i>		How related to deceased <i>Nephew</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Bronchial Asthma</i>		How long <i>19</i>		How long <i>10 years</i>		
	Immediate <i>Acute Endocarditis</i>		How long		How long <i>1 week</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Mihiser</i>				
			Address <i>Keedysville Md</i>				
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Mary Ann Minnich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1906 Month 4 Day 18 Age 66 Years 7 Months 3 Days

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Geo S Minnich

Father's Name Geo S Wilderson Father's Birthplace Pa

Mother's Maiden Name Elizabeth Bonchinski Mother's Birthplace Pa

Name of person giving information Geo S Minnich How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death Cancer of Liver (40) How long 17 years

Immediate Exhaustion (Weak Heart) How long 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician V. C. Duillen Jr.

Address Hagerstown, Md

Accident or Suicide? No

Chamby Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Clay Minor</i>		Town <i>Lititzburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Lititzburg</i>		Month <i>4</i>		Day <i>20</i>		Years <i>68</i>	
Date of death <i>1906</i>		Month <i>4</i>		Day <i>20</i>		Years <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>	
Occupation <i>Plasterer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann C Minor</i>					
Father's Name <i>John Minor</i>		Father's Birthplace <i>dist. Anne</i>					
Mother's Maiden Name <i>Phoebe Burkett</i>		Mother's Birthplace					
Name of person giving information <i>Ann C Minor</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed instantly by stone from blast</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Wishard</i>
	Address <i>Lititzburg, Md.</i>
Accident or Suicide?	



Name
in
Full

Elizabeth C. Moore-

CERTIFICATE OF DEATH

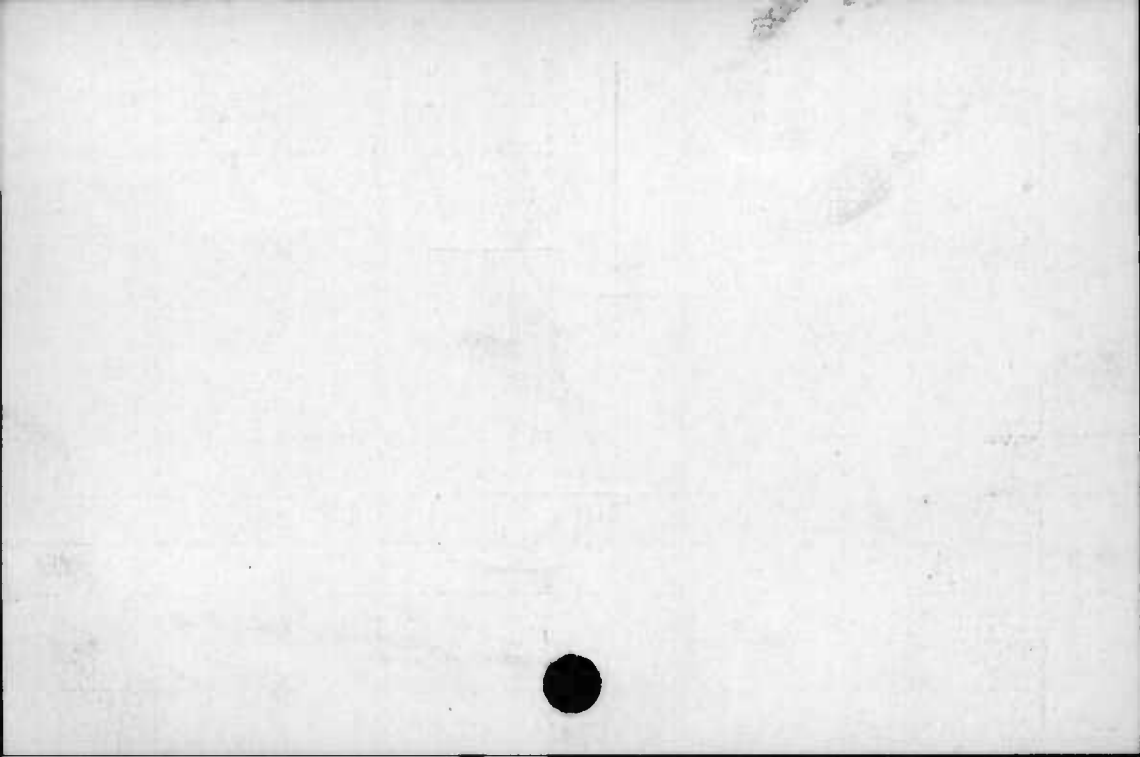
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boonsboro</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND			
Date of death	<u>1906</u>	<u>April</u> ^{Month}	<u>24th</u> ^{Day}	<u>64</u> ^{Years}	<u>8</u> ^{Months}	<u>2</u> ^{Days}	
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Maryland</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u> </u>				
Married, Single or Widowed	<u>Married</u>		Name of the Husband	<u>George W. Moore</u>			
Father's Name	<u>Thomas J. Lynch</u>				Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Mary E. Jay -</u>				Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>George W. Moore</u>				How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	<u>(66)</u>	How long	<u>12 days</u>
Immediate	<u> </u>		How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>W. C. Wheeler</u>	
<u> </u>			Address <u>Boonsboro</u>	
<u> </u>			<u>Maryland</u>	
Accident or Suicide? <u> </u>				



Name in Full		David L. Murray 297				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Williamsport		Washington		MARYLAND
	Date of death	1906	Month	apr	Day	11	Age
			Years	8	Months	10	Days
			Sex	Male	Color or Race	White	Birthplace
					Washington Lee		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Harry D. Murray		Father's Birthplace			
Mother's Maiden Name		Emma McLaughlin		Mother's Birthplace			
Name of person giving information		H. D. Murray		How related to deceased			
				Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Meningitis		(6)		How long	1 week
	Immediate	Paralysis				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. Boase
					Address		Hagerstown Md
	Accident or Suicide?						

L. M. Miller

Name
in
Full

Geo C Morris

CERTIFICATE OF DEATH

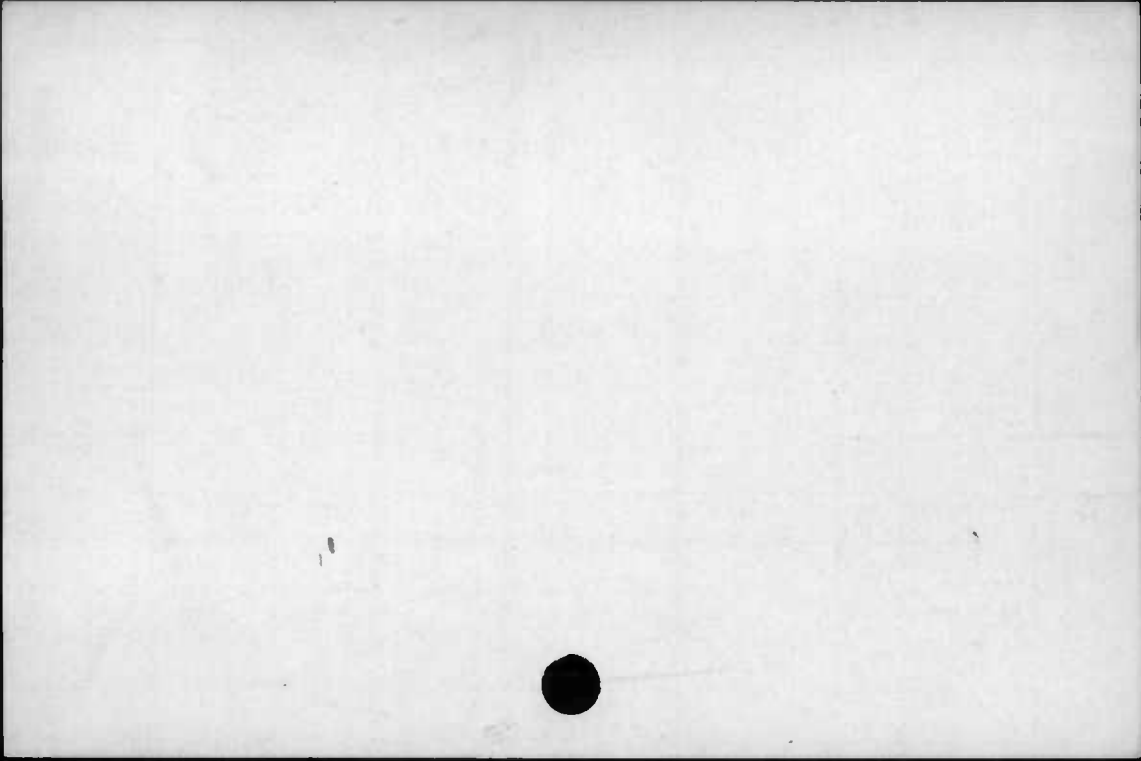
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>4</i>	Day <i>18</i>	Age <i>39</i>	Years	Months <i>4</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Anna L. Morris</i>				
Father's Name <i>Milton Morris</i>			Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Catharine Stine</i>			Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Anna L. Morris</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 or 4 years.</i>
Immediate	<i>" Hemorrhage "</i>	How long	<i>few min with</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Walter D. Miller Jr.</i>
		Address	<i>Washington, Md.</i>
Accident or Suicide?			



Name
in
Full

Johnnie Older

4/21/XII

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waverton</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>28</i>	Age <i>74</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Peddler of fruit</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. G. L. P. / 2</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Francis Richards</i>		How related to deceased <i>son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by Gun Shot</i>	How long <i>(17/6)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. S. Hedge</i>
<i>Killed by a man named Turney in a fight</i>	Address <i>Greenwich Mo</i>
Accident or Suicide? <i>(m. m.)</i>	



Name
in
Full

CERTIFICATE OF DEATH

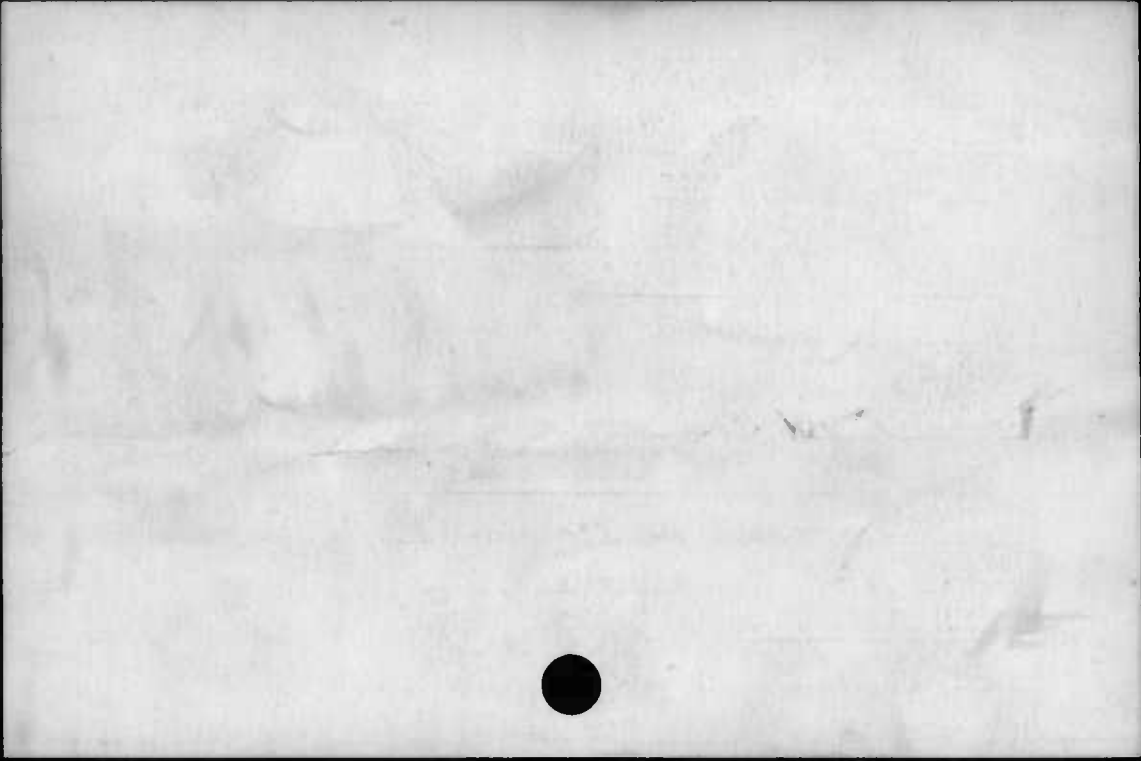
TO BE ANSWERED BY
NEAREST FRIEND

Still Born		Reeder		County		Washington		MARYLAND	
Died at Hagerstown		Town		County		Washington		MARYLAND	
Date of death 1906		Month 4		Day 7		Age		Years Months Days	
Sex Female		Color or Race white		Birth-place Md					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name J. G. Reeder		Father's Birthplace Md							
Mother's Maiden Name Clara Koon		Mother's Birthplace Md							
Name of person giving information J. G. Reeder		How related to deceased Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Delivery		How long Two hours	
Immediate Exhaustion		How long Two hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. Swarkin	
		Address Hagerstown Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Arch J. Ridemond</i>		Town <i>Bethesda</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Bethesda</i>		Month <i>April</i>		Day <i>10</i>		Years <i>61</i>	
Date of death <i>1906 April 10</i>		Months <i>7</i>		Days <i>6</i>		Age <i>61</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Honolulu</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>B. Creek</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Ridemond</i>					
Father's Name <i>Jacob Doyle</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Susan Langford</i>		Mother's Birthplace <i>Penn</i>					
Name of person giving information <i>Bertie Tracey</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart</i>	How long	<i>3 years</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Smith</i>	
		Address <i>Bowenboro Ind</i>	
Accident or Suicide?			



Name
in
Full

Mary Cecelia Robinson 4/2/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near Frankstown

Town

County

Date
of death 1906

Month

4

Day

17

Age
Years

8.3

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Fred. Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Caspar Robinson

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary E. Young

Mother's
Birthplace

"

Name of person giving
In formation

Clara Beck

How related
to deceased

niece

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

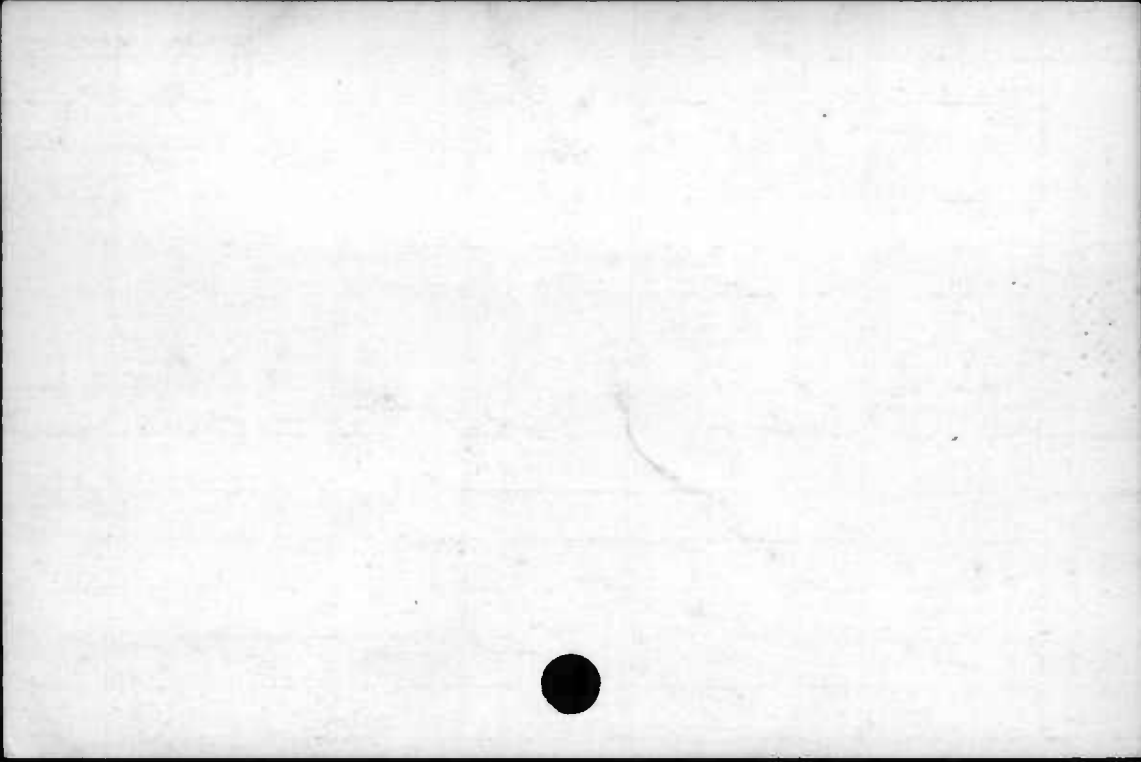
154

L. F. Reicher

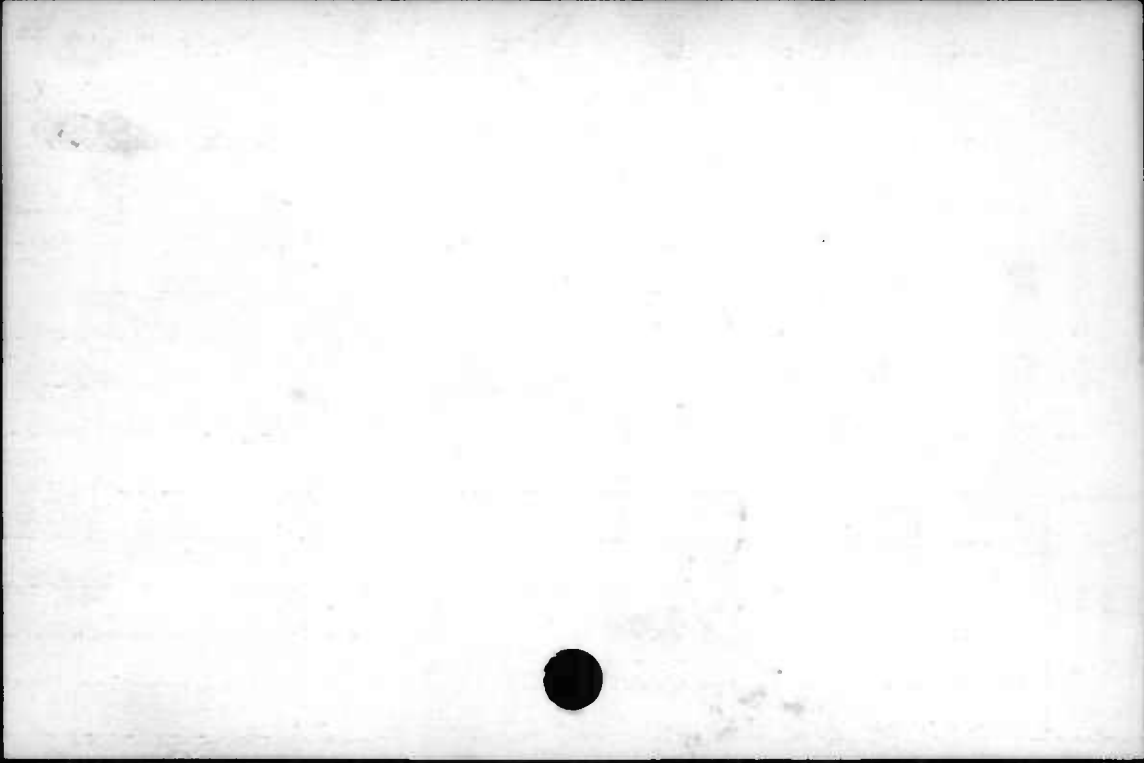
Frankstown
Md.

Accident or Suicide?

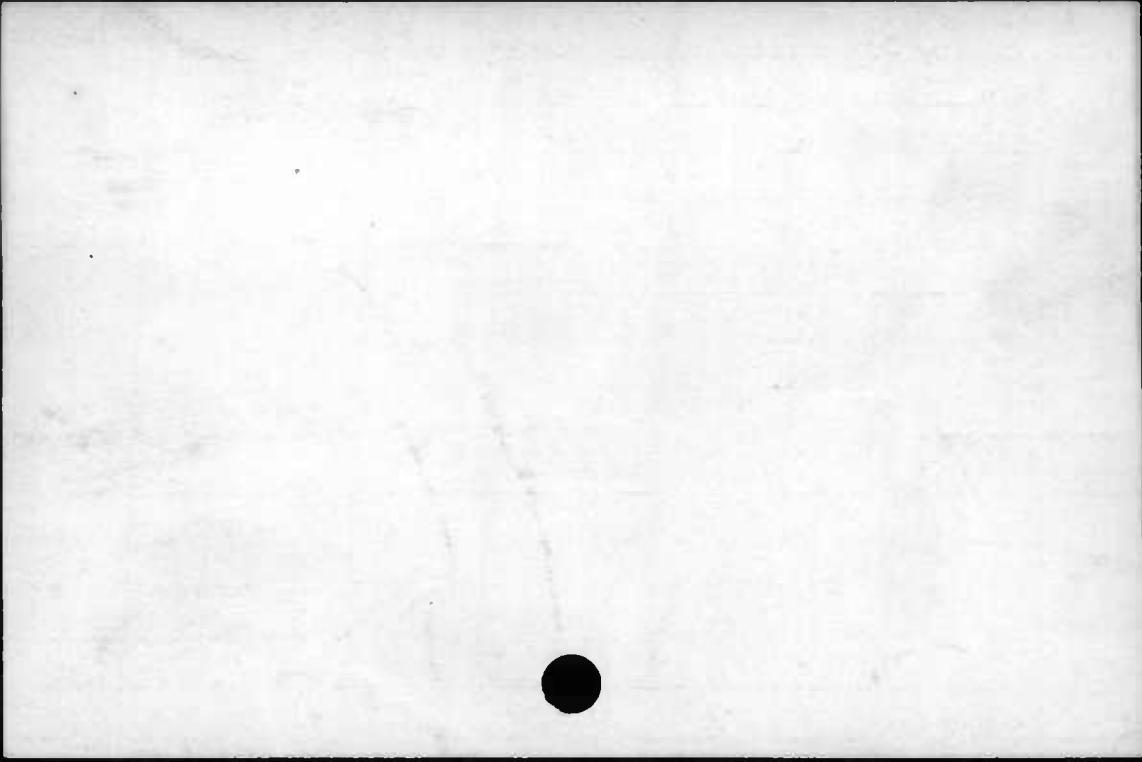
PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Frederick A Rohrer		Town Rohrersville		County Washington	
Died at		State MARYLAND			
Date of death		1906	Month 4	Day 4	Age 86
Sex Male		Color or Race White		Months 3	Days 9
Occupation		Birthplace Rohrersville			
Where Residing if not at place of death		Rohrersville Ind			
Married, Single or Widowed		Name of Wife or Husband Harriett E Rohrer			
Father's Name David Rohrer		Father's Birthplace Rohrersville			
Mother's Maiden Name Sophia Deanan		Mother's Birthplace Keokukville			
Name of person giving information Harriett E Rohrer		How related to deceased Wife			
CAUSES OF DEATH					
Primary Old age		How long 10 days			
Immediate Lo suffer.		How long 4 weeks			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. D. Baller			
		Address [Redacted]			
Accident or Suicide?					



Name in Full		Daniel Walter Rowe.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Charlton</i>		^{County} <i>Washington</i>		MARYLAND			
	Date of death <i>1900</i>	Month <i>4</i>	Day <i>9</i>	Age <i>44</i> Years	Months <i>1</i>	Days <i>3</i>		
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Egmont.</i>				
	Occupation <i>Farmer.</i>		Where Residing if not at place of death <i>Charlton.</i>					
	Married, Single or Widowed		Name of Wife or Husband <i>Linn B. Rowe.</i>					
	Father's Name <i>Daniel Rowe.</i>				Father's Birthplace <i>Adams Co. Cragerstown</i>			
	Mother's Maiden Name <i>Nancy Gels.</i>				Mother's Birthplace <i>Warfordsburg Pa</i>			
Name of person giving information <i>Kella J. Bead</i>				How related to deceased <i>Broth. In Law.</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Cancer of the stomach</i>			How long <i>Eighteen months</i>				
	Immediate <i>Exhaustion & heart failure</i>			How long <i>Three weeks</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Abraham Shank</i>				
				Address <i>Clearspring Washington Co. Md.</i>				
Accident or Suicide? <i></i>								



Name
in
Full

Henry C Shaper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death **1906** ^{Month} *4* ^{Day} *28* ^{Years} *58* ^{Months} *6* ^{Days} *16*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Bank Messenger* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Martha J Shaffer*

Father's Name *David Shaper* Father's Birthplace *Pa*

Mother's Maiden Name *Isabell Lavery* Mother's Birthplace *Pa*

Name of person giving information *Harry Shaper* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Tuberculosis

How long

Six months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. H. Wurstat M.D.

Hagerstown

md

Accident or Suicide?

Chenille

Name
in
Full

Christiane Shank


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mangansville		County Washington		MARYLAND	
Date of death 190	6	Month April	Day 5	Age 57	Years 3	Months 4	Days
Sex Male		Color or Race white		Birth- place Washington Co. Md.			
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband Mary							
Father's Name Frederick		Shank		Father's Birthplace Ct Pa Lancaster			
Mother's Maiden Name Susan		Schuman		Mother's Birthplace Lancaster			
Name of person giving Information Charles L. Powell				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long 18 days
Immediate Yonillitis		How long
Are the name, age, sex, color, date and place correctly given above? yes;		Signature of Physician Victor H. Miller M.D.
		Address Mason & Leiby, Pa.
Accident or Suicide?		Probable und.

Rays Church

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

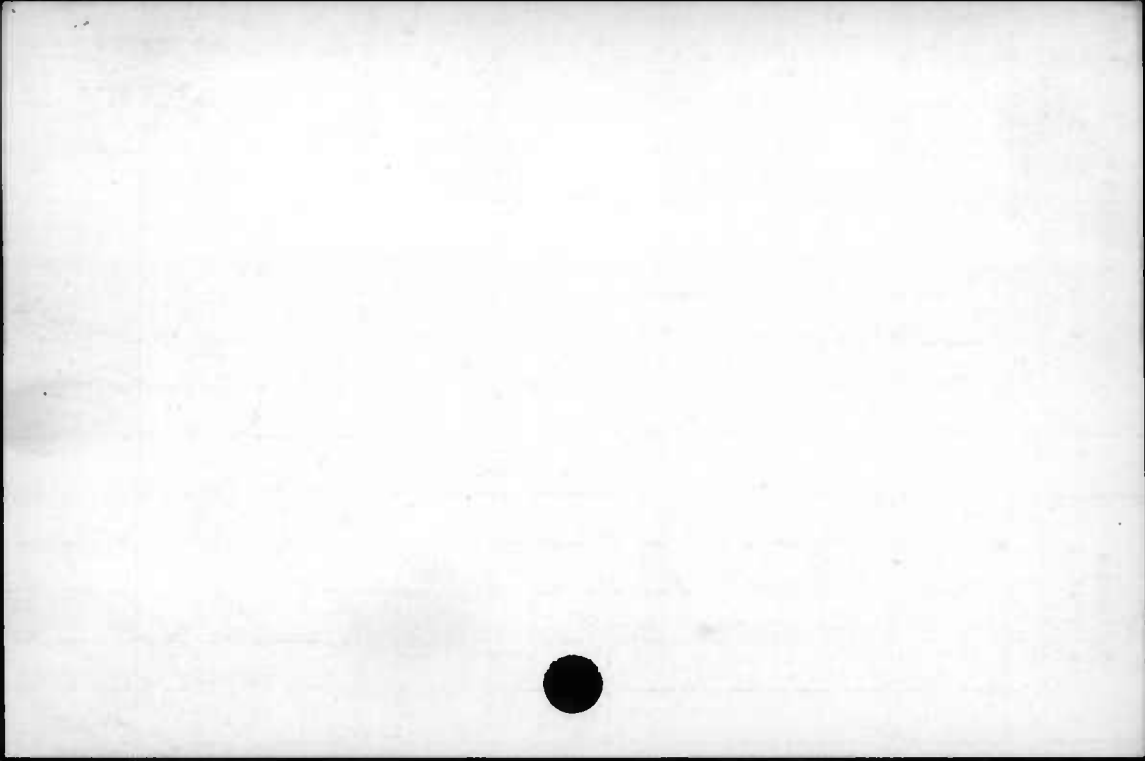
Name *John E. Shank*
Town *Hagerstown* County *Wash.*
Died *near*
Date of death 1906 Month *4* Day *5* Age *—* Years Months *8* Days *26*
Sex *male* Color or Race *white* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *John T. Shank* Father's Birthplace *Maryland.*
Mother's Maiden Name *Mary E. Haytaker* Mother's Birthplace *Pennsylvania*
Name of person giving information *J. T. Shank* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* (93) How long
Immediate *Exhaustion* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Theo Booser*
Address *Hagerstown Md.*
Accident or Suicide? *—*



Name
in
Full

Still born child of Chas & Gertie Sheiss

DATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died <i>near Bayentown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>24</i>	Age	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Chas M Sheiss</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Gertie Marx</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>C M Sheiss</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A P Stauffer</i>
	Address <i>Bayentown Md</i>
Accident or Suicide?	

Suit
Linsburg

Name
in
Full

Cyrus Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

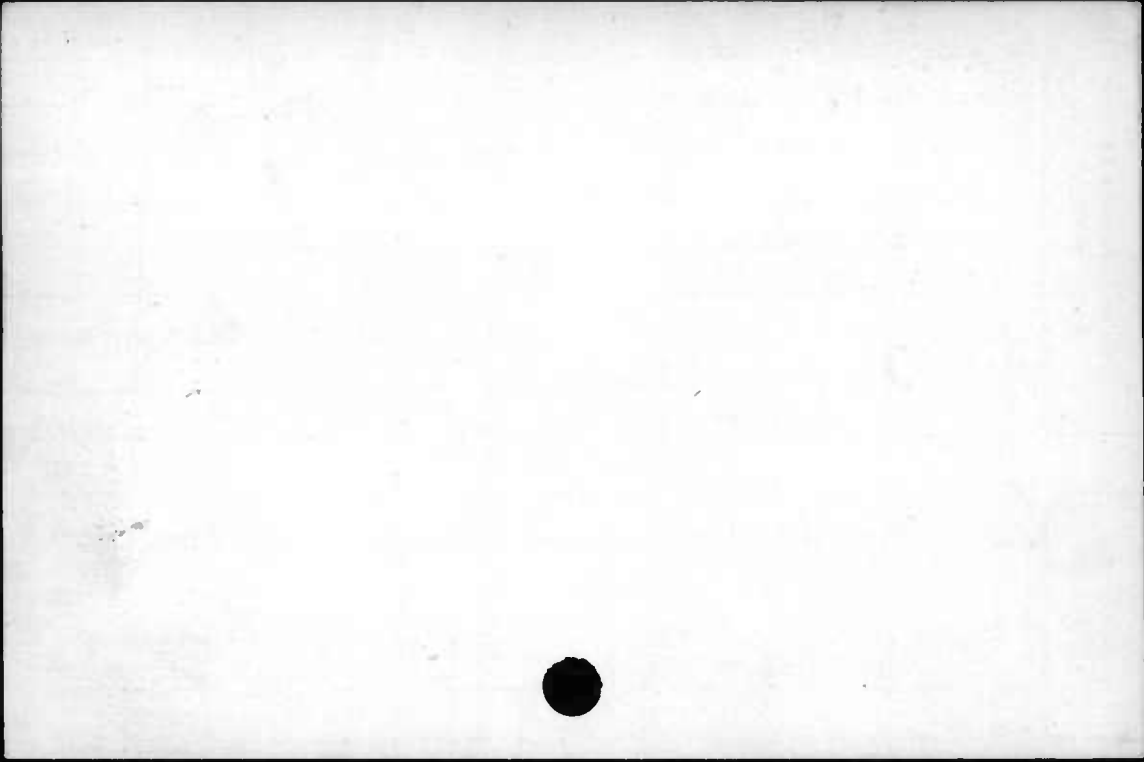
Died at		Town Bellevue		County Washington		MARYLAND	
Date of death		Month 6 Apr.	Day 27	Age 71.	Years	Months	Days
Sex Male		Color or Race white		Birth place Wash Co Md.			
Occupation Farmer		Where Residing if not at place of death -					
Married, Single or Widowed Widower.		Name of Wife or Husband ? Muzier					
Father's Name -						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information D R Hager						How related to deceased niece	

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	2 yrs.
Immediate	Exhaustion	How long	1 month.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		M J Mowson	
Address		Hagerstown Md.	
Accident or Suicide?		no.	



Name in Full		Sarah Shutt				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND							
		Near Smithsburg		Wash.										
		Date of death	1906	Month	Apr	Day	28	Age	Years	85	Months		Days	
		Sex	Female		Color or Race	White		Birth-place	Near Edgemont Md					
		Occupation	Housewife		Where Residing If not at place of death									
TO BE ANSWERED BY NEAREST FRIEND		Married, Single		Name of Wife or Husband		Peter Shutt								
		Widowed												
		Father's Name	Bout Know				Father's Birthplace	Bout Know						
		Mother's Maiden Name	Margaret Koon				Mother's Birthplace	" "						
		Name of person giving information	Mr + Mrs Reynold				How related to deceased	An Aunt						
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary	Paralysis				How long	Several Weeks						
		Immediate	..				How long							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Dr Jos. Protzman							
						Address	Smithsburg Md							
		Accident or Suicide?												



Name
in
Full

Elmore Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Near Smithsburg* ^{County} *Washington* **MARYLAND**

Date of death *1906* Month *4* Day *15* Age *71* Years Months *8* Days *12*

Sex *Female* Color or Race *White* Birth-place *Fredrick*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Elmore Smith*

Father's Name *Jochim Schelling* Father's Birthplace *Germany*

Mother's Maiden Name *Frances Schaffer* Mother's Birthplace *"*

Name of person giving information *Mrs. George Skunk* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grippe Inconducible old age* How long *2 weeks*

Immediate *Heart failure*

Are the name, age, sex, color, date and place correctly given above?

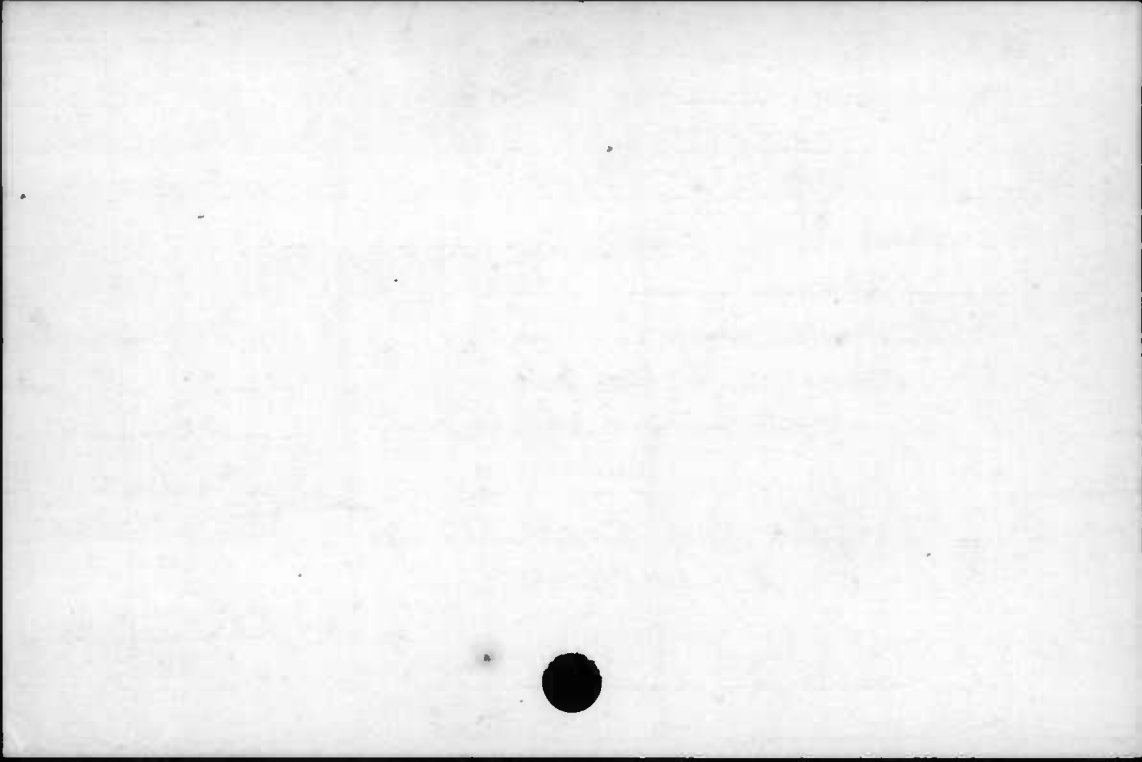
yes

Signature of Physician

Address

J. L. Musaic
Smithsburg

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND			
Date of death <i>1906</i>	<i>4</i> ^{Month}	<i>4</i> ^{Day}	Age <i>68</i> ^{Years}	<i>1</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Retired Farmer</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Fannie Soltenberger</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Fannie Soltenberger</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i> (64)	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Miller</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicide? <i>No</i>	

Greencastle
Pa

Name
in
Full

Mary Jane Swan

CERTIFICATE OF DEATH

Died ~~at~~ ^{Near} ^{Town} Hancock Co. ^{County} Washington

MARYLAND

Date of death 1906 ^{Month} Apr ^{Day} 3 ^{Age} 75 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} MarylandOccupation Wife ^{Where Residing If not at place of death} Died at homeMarried, Single or Widowed Widowed ^{Name of Wife or Husband} John SwanFather's Name Jonathan Junster ^{Father's Birthplace} Penna.Mother's Maiden Name Charlotte Ann Junster ^{Mother's Birthplace} "Name of person giving information William D. Swan ^{How related to deceased} Son

CAUSES OF DEATH

Primary ^{How long} 6 moImmediate ^{How long} 6 wks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr West.

Name
in
Full

Isadore Taylor

CERTIFICATE OF DEATH

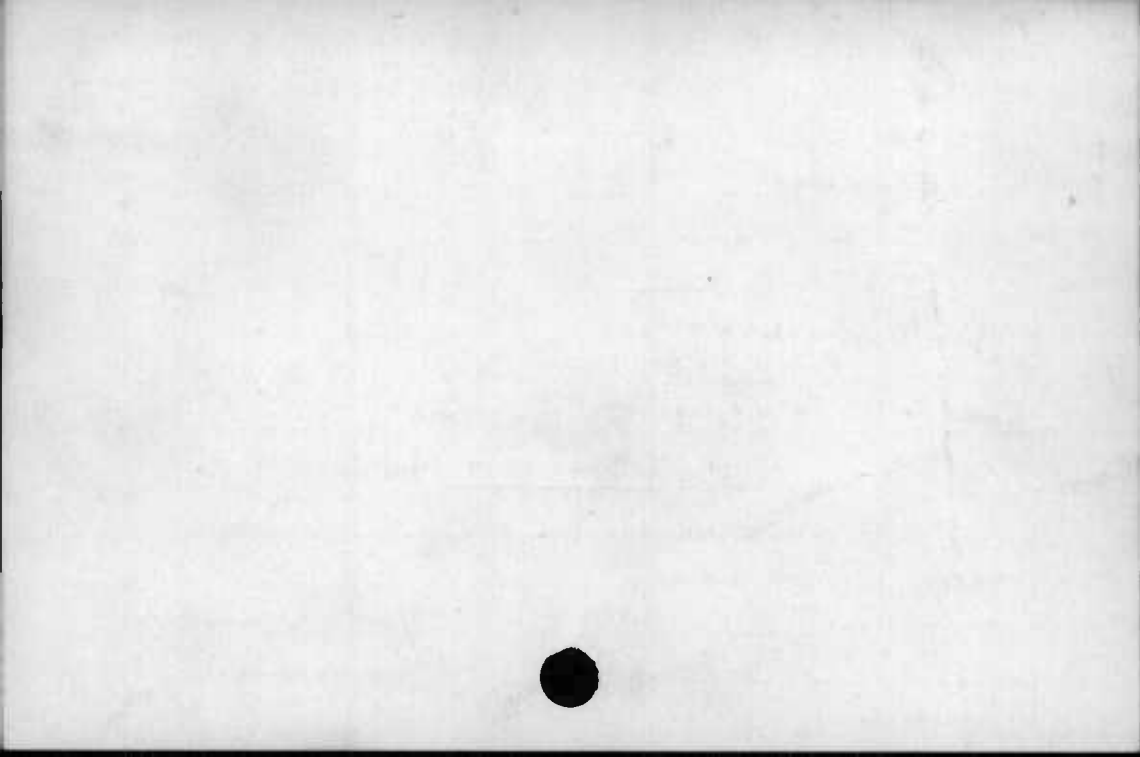
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mercersville		County Washington		MARYLAND	
Date of death		1906	Month 4	Day 25	Age 36	Years 8	Months 24
Sex Female		Color or Race White		Birth place Sharpsburg			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John W. Taylor					
Father's Name Daniel Marmaduke		Father's Birthplace Mercersville					
Mother's Maiden Name Alice M. Cook		Mother's Birthplace Spelman					
Name of person giving information Alice Marmaduke		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long About a week
Immediate	Exhaustion		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. H. Gombrow	
		Address	
		Sharpsburg	
		MD	
Accident or Suicide?			



Name
in
Full

William Fergusson Taylor

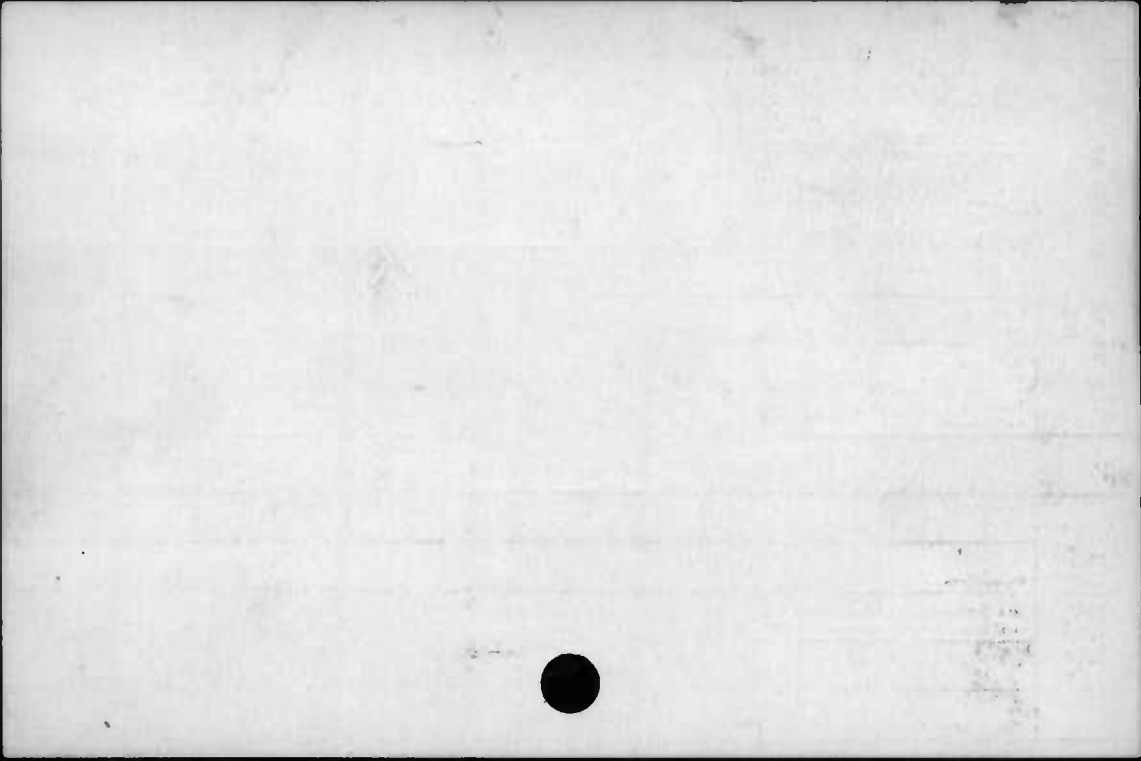
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Cedar Grove		Washington		MARYLAND	
Date of death		1906	Apr.	21	Age	75	11 Months 26 Days
Sex	Male	Color or Race	White		Birth-place	Franklin Co Pa	
Occupation	Fence Maker		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Wm Taylor				Father's Birthplace	
Mother's Maiden Name		Mary Fergusson				Mother's Birthplace	
Name of person giving information		Scharlott Taylor				How related to deceased	
						Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Two weeks
Immediate	Prostration	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. Richardson	
		Address	
		Williamport Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

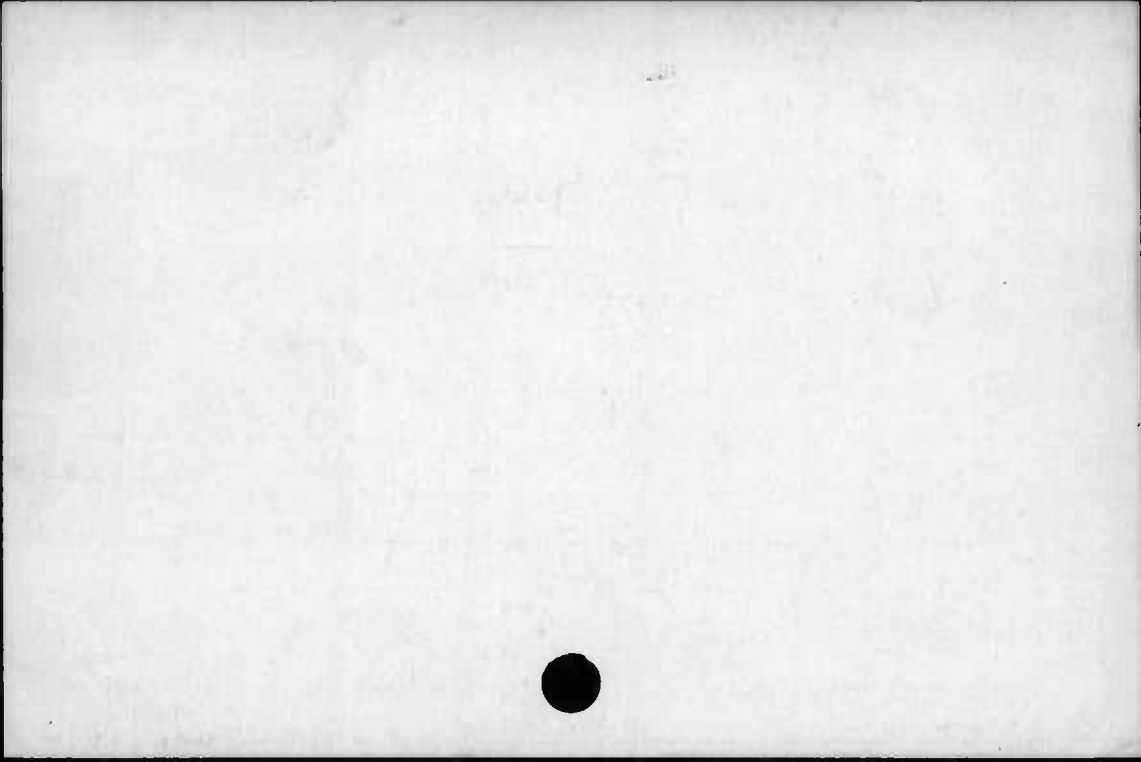
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Cornelius C. Virts</i>		County <i>Washington</i>		MARYLAND	
Died at <i>near Sandy Hook</i>		Town <i>Sandy Hook</i>		State <i>MARYLAND</i>	
Date of death	<i>1904</i>	Month <i>April</i>	Day <i>25</i>	Age <i>80</i>	Months <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Loudoun Co Va</i>		
Occupation <i>Farmer</i>		Where Residing If not at place of death <i>near Sandy Hook Wash Co. Ind</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mattie Brown (maiden name)</i>				
Father's Name <i>Conrad Virts</i>	Father's Birthplace <i>Loudoun Co. Va</i>				
Mother's Maiden Name <i>Elisabeth Perry</i>	Mother's Birthplace <i>Loudoun Co. Va</i>				
Name of person giving information <i>Cora Potterfield</i>		How related to deceased <i>niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Disease of Heart</i>	How long <i>19</i> <i>Ten years</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B B Ranson M.D.</i>
	Address <i>Harpers Ferry</i> <i>West Va</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Frederick Leroy Wolf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankston</i>		Town <i>Frankston</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>11</i>		Day <i>13</i>		Age <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		Months <i>6</i> Days <i>28</i>	
Occupation <i>MC</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Wolf</i>				Father's Birthplace <i>Frankston</i>			
Mother's Maiden Name <i>Ada. V. Grose</i>				Mother's Birthplace <i>Boonsboro</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Mitral disease of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Meyer</i>
	Address <i>Frankston</i>
Accident or Suicide?	<i>med</i>

sep 28 1905-

Name
in
Full

CERTIFICATE OF DEATH

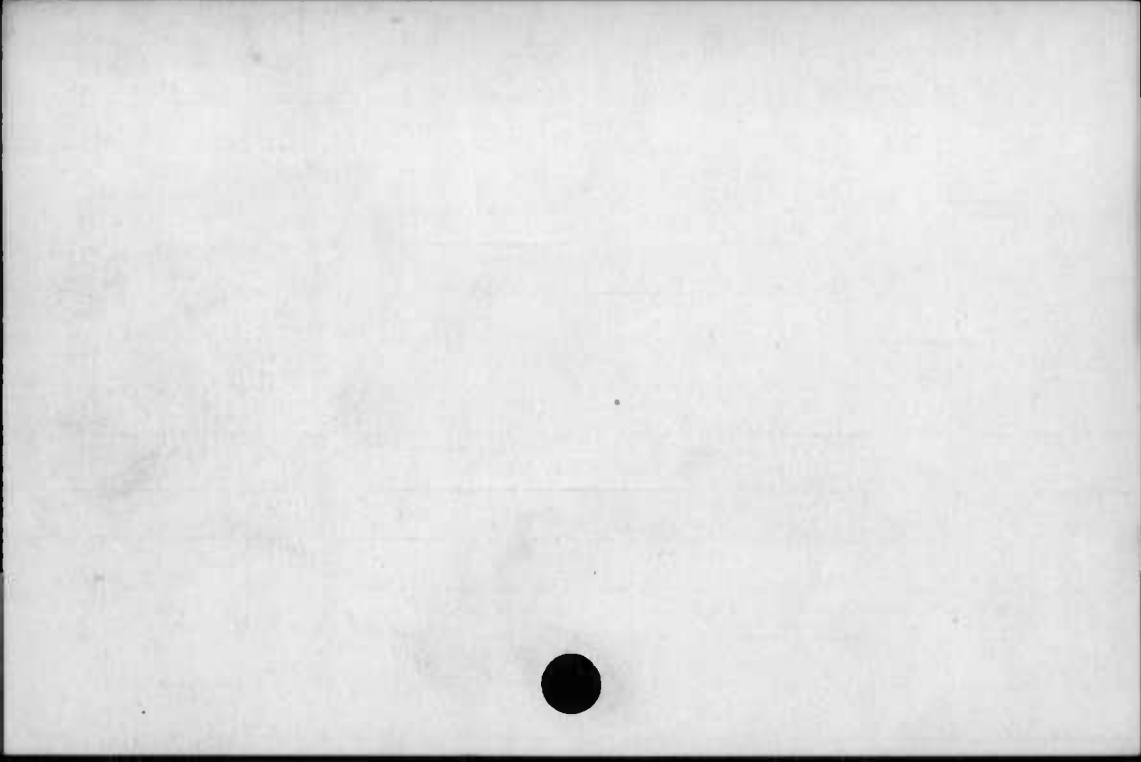
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lydia E. Geigler</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>18</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>House Work</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Stephen Martin</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Barbara Good</i>			Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>A. S. Geigler</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>2 1/2 years</i>
Immediate <i>Heart failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Dyer-M.D.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Geo. W. Yowler</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>19</i>		Years <i>46</i>	
Date of death <i>1906</i>		Age <i>46</i>		Months <i>6</i>		Days <i>13</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Cigar-maker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jennie Yowler</i>					
Father's Name <i>Geo W. Yowler</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Jane R. Shafer</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Jennie Yowler</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 yrs.</i>
Immediate <i>Tuberculosis</i>	How long <i>17 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller Jr.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	

